DOCUMENT RESUME

ED 434 460 EC 307 458

AUTHOR	Coker, Charles C.; Flynn, Mary; Menz, Fredrick E.; McAlees, Daniel C.
TITLE	Workforce Development and Welfare Reform: Potential Impact upon Persons with Disabilities and Community Rehabilitation Programs.
INSTITUTION	Wisconsin Univ. - Stout, Menomonie. Rehabilitation Research and Training Center on Improving Community-Based Rehabilitation Programs.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	1998-12-00
NOTE	64p.
CONTRACT	H133B30088
AVAILABLE FROM	Rehabilitation Research and Training Center on Community Rehabilitation Programs, Stout Vocational Rehabilitation Institute, College of Human Development, University of Wisconsin-Stout, Menomonie, WI 54751; Tel: 715-232-1389; Tel: 715-232-5025 (TTD); Fax: 715-232-2251.
PUB TYPE	Reports - Research (143)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Adults; *Community Based Instruction (Disabilities); *Community Programs; *Disabilities; Employment Opportunities; Employment Programs; Employment Services; Federal Legislation; Focus Groups; Program Attitudes; Program Implementation; Program Improvement; *Rehabilitation Programs; Vocational Education; *Welfare Services
IDENTIFIERS	*Welfare Reform

ABSTRACT

This report details the outcomes of a study conducted in response to concerns about the impact of workforce development and welfare reform upon persons with disabilities being served by community rehabilitation programs. Twenty-three focus groups involving over 200 individuals were held in 13 different cities across eight states. Participants came from the rehabilitation community (consumers, consumer advocates, community rehabilitation program staff, and vocational rehabilitation staff) and other community programs. The report discusses the various issues from the perspectives of persons with disabilities and the responses by community rehabilitation programs. The study found consensus among participants that the intent of the reforms was on target for addressing certain deficits within employment and welfare programs for populations without disabilities. With regard to servicing people with disabilities, however, significant problems in implementation of the programs were consistently cited. Successful implementation of the reforms appeared to be dependent on how well local communities worked together to implement these programs and how much state and federal planners allowed communities the flexibility needed to serve different consumers with various needs. (CR)

ED 434 460

Workforce Development & Welfare Reform:

Potential Impact Upon Persons With Disabilities and Community Rehabilitation Programs

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The contents of this document were developed under a grant (#H133B30088) from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, Washington, DC. The opinions expressed do not necessarily represent those of NIDRR or the U.S. Department of Education.

Contents

Acknowledgments vii
Abstract ix
Executive Summary xi

Introduction 1
Workforce Development 1
Welfare Reform 2
Potential Impact on the Rehabilitation Community 2
Rationale for the Research Study 3

Method 4
Procedures 4
Coding 4
Analysis 5
Table 1. Examples of the Coding Process 6
Table 2. Number of Comments to Questions by Target Codes 10

Results 11
Reports of What Has Happened to Various Agencies 11
Welfare Reform 11
Workforce Development and One Stop Career Centers 13
Vocational Rehabilitation 13
Perception of Impact on Consumers with Disabilities 14
Accessibility and Confidentiality 14
Attitude and Competency of Staff 14
Equal Access to Employment and Services Opportunities 15
Competition for Services and Job Slots 15
Employers' Attitude and Choice 15
Consumer Choice 15
Individualization Versus "One Size Fits All" Philosophy 15
Disability: Eligibility and Benefits 16
Vocational Rehabilitation Versus the Reforms 16
Questions About the Direction of Society and Intent of the Reforms 16
Responses by Community Rehabilitation Programs 17
Types of Responses 17
Program Development 17
Impact on Community Rehabilitation Programs 18
Competition and Private-For-Profit 18
The Importance of the Economy 18
Competition for Employers and Protecting Employer Accounts 18
Outcomes and Performance-Based Contracting 19

Contents (Continued)

Advocacy Actions by Community Rehabilitation Programs . . . 19
Managed Care for Psychiatric Disabilities . . . 19
Predictions About Who Will be Affected Most . . . 19
Hidden Disabilities and Minorities . . . 19
Elimination of Alcohol and Other Drug Abuse as a Disability . . . 20
Welfare Recipients . . . 20
Expectations About What Will Occur . . . 20
Increase in Homelessness, Crime Rate, Drug Abuse, and Suicide . . . 20
The Changing Demography of Welfare . . . 20
Decline in Success Rates for Welfare . . . 21
Referrals to Vocational Rehabilitation and Social Security Administration . . . 21
Increase in Waiting Lists and Service Gaps . . . 21
One Stop Career Center Philosophy Versus Vocational Rehabilitation . . . 21
Increased Responsibility for Cooperation and Collaboration . . . 22
Social Security Administration Reforms . . . 22
Managed Care for Social and Vocational Services . . . 22
What Do You Recommend? . . . 22
Education and Advocacy . . . 23
Increase Funding Agency Cooperation and Collaboration . . . 23
Increase Service Provider Networking and Partnering . . . 23
Emphasize Job Retention Rather Than Job Placement As the Outcome Criterion . 24
Increase Incentives and Decrease Disincentives . . . 24
Increase Flexibility and Local Control . . . 24
Lower Case Loads and More Time for Case Management . . . 24
Provide for Common Data Systems to Reduce Paperwork . . . 24
Staff Training . . . 25
Separate Vocational Rehabilitation Funding . . . 25
More Involvement of State Vocational Rehabilitation Agencies . . . 25
Need for Supports . . . 25
Working With Employers . . . 25

Discussion and Conclusions . . . **27**
Discussion . . . 27
A System in a State of Fluctuation . . . 27
Impact on Consumers With Disabilities . . . 27
Impact on Community Rehabilitation Programs . . . 28
Issues for Community Rehabilitation Programs Active in the Reforms . . . 29
Conclusions . . . 29
Extreme Position on Visions of the System . . . 29
Applicability of Vocational Rehabilitation Services to Nondisabled Populations . 30

Contents (Continued)

Impact of the Community Rehabilitation Programs' Response on People With Disabilities 30
Necessity for Collaboration, Local Control, and Flexibility 31

References **33**

Appendices **35**
Appendix A. Focus Group Participants 35
Appendix B. Scripts and Questions for Focus Group Sessions 45
Appendix C. Coding System for Comments 49

Acknowledgments

This study followed a Constituent Driven Research model in which consumers and practitioners assist in the conduct of the study from problem formulation through research reporting. The Center wishes to thank the following members of the study's Constituent Advisory Committee for their input and guidance to this study:

Howard Garber, Milwaukee Center for Independence

Bob Jarboe, American Rehabilitation Association (ARA)

David Price, Michigan Association of Rehabilitation Organizations

Sallie Rhodes, National Association of Protection and Advocacy Systems (NAPAS)

Vicki Schachter, Goodwill Industries International

David V. Daugherty, Rehabilitation Service of North Central Ohio, Inc.

The Center is much in debt to the local site coordinators who made it possible to conduct the focus group session in each city. They formed the focus group from their local community and served as hosts for the focus group teams of Dr. Coker and Dr. Flynn. We were very fortunate to work with such effective hosts whose efforts made it possible to conduct the study.

Margaret O'Brien, Goodwill Industries of Southern California, Los Angeles

Charles Ertl, Goodwill Industries of San Diego County, California

Nancy Quarles, Goodwill Industries of Orange County, Santa Ana, CA

Terry Farmer and Max Bosman, Florida Association of Rehabilitation Facilities, Inc. Tallahassee

Mary Patton and Patti Dowdy, Kelley Diversified, Inc., Athens, GA

Deb Schauberger, Bobby Dodd Industries, Atlanta, GA

Mike Shea, Arnold Center, Inc., Midland, MI

Peg Beall, Kandu Industries, Holland, MI

Mary Ann Jones, Westside Center for Independent Living, Los Angeles, CA

Kathy Uhl, Independent Living Resource Center, San Francisco, CA

Rachel Parker, Parent Advocacy Coalition for Educational Rights (PACER Center, Inc.), Minneapolis, MN

Rex Davidson and William Forrester, Goodwill Industries of Greater New York, Inc.

David Daugherty and Pam Jacobs, The Rehab Center, Mansfield, OH

Nan Upright-Sexton, United Cerebral Palsy of Southeastern Wisconsin, Milwaukee

Howard Garber and Clarence Johnson, Milwaukee Center for Independence, WI

Abstract

The Center conducted this study in response to concerns about the impact of workforce development and welfare reform upon persons with disabilities being served by community rehabilitation programs. Twenty-three focus groups involving over 200 individuals were held in 13 different cities across eight states. The participants came from the rehabilitation community (consumers, consumer advocates, community rehabilitation program staff, and vocational rehabilitation staff) and other community programs (staff from Job Training Partnership Act, social services agencies, job services, and public schools).

Sessions were recorded, transcribed, and edited. Over 1,500 comments were coded, comments were grouped, and finally summaries were written that pinpointed discussions of what had happened, who would be affected most, what was predicted to occur, and what recommendations were made for implementing workforce development and welfare reform.

The focus groups were conducted at a time (June to October, 1997) when considerable variability occurred across the nation in terms of how these reforms were being implemented. The report discusses the various issues from the perspectives of persons with disabilities and the responses by community rehabilitation programs. The concerns of consumers with disabilities focused on the potential loss of benefits, competition for employment services, availability of community employment positions, and a lack of competent staff to provide appropriate strategies to meet the needs of people with disabilities. While some community rehabilitation programs were moving rapidly to serve the economically disadvantaged population, others had decided not to enter these new markets. The remaining segment of the community rehabilitation industry had not yet decided what to do.

The study found consensus among participants that the intent of the reforms were on target for addressing certain deficits within employment and welfare programs for nondisabled populations. With regard to serving people with disabilities, however, significant problems in implementation of the programs were consistently cited. Though some predicted that dire consequences could potentially occur (e.g., increased crime rate, suicides, and homelessness), they had not yet happened. Successful implementation of the reforms appeared to be dependent on how well local communities worked together to implement these programs and how much state and federal planners allowed communities the flexibility needed to serve different consumers with various needs. While community rehabilitation programs that chose not to participate did not appear to incur any major disadvantages, participating programs cited the advantages of consumers becoming more mainstreamed within the community and broadening their economic base. The participating programs could then refer to these positive results as they promoted their rehabilitation philosophy and effectiveness with new populations of consumers.

Executive Summary

The Center was receiving reports from the rehabilitation field that workforce development and welfare reform could have significant negative impact on the benefits that persons with disabilities receive and could have adverse impact on the delivery of rehabilitation services. In addition, some community rehabilitation programs were moving rapidly to provide programs that would serve nondisabled populations in greater numbers than ever before. Legislation was being proposed at the federal level that resulted in massive reorganization of the state employment service delivery system. In 1997, a constituency advisory committee was formed to guide the Center's effort in this area. It was decided to conduct a national focus group study on the impact of these reforms with staff from funding agencies, community rehabilitation programs, and consumers with disabilities that they serve.

During the summer and early fall of 1997, focus groups were conducted in 13 cities (Athens, Atlanta, Anaheim, Holland, Los Angeles, Midland, Mansfield, Milwaukee, Minneapolis, New York, San Diego, San Francisco, and Tampa) across eight states (California, Florida, Georgia, Michigan, Minnesota, New York, Ohio, and Wisconsin). Over 200 individuals participated in the 23 focus group sessions during which participants discussed what has happened so far with the reforms, who were affected most, what they predicted would happen, and recommendations.

The nearly 800 pages of transcripts from the recorded sessions were reduced to 1,549 comments that were coded according to a three-level hierarchy of (a) target group or agency, (b) area within the target, and (c) multiple descriptive key words. Summaries were written that integrated the questions and the coding system.

The results suggested that welfare reform was proceeding in a uniform fashion across the nation with a mandate to work ("Work First") for the new Temporary Assistance to Needy Families (TANF) funds with loss of benefits for noncompliance unless an exemption was obtained. Supports were provided in the area of day care, transportation, and job readiness training for placement. Long-term training was not part of the Work First concept for reforming welfare. Persons with disabilities and their advocates were most concerned about how the welfare reform would affect their benefits. It appeared, however, that people with severe disabilities would not be affected because either they were on SSI or SSDI or they would readily receive an exemption due to their disability. There was concern that those with less readily visible or recognizable disabilities would not receive similar exemptions.

For workforce development, there were two main areas of impact for people with disabilities: The competency of One Stop Career Centers to deal with people with disabilities was consistently questioned at all levels regarding staff competencies, resource allocations, commitment, and attitude. The second concern was that of competition and that included the combined effect of both workforce development and welfare reform emphases on educationally or economically disadvantaged nondisabled populations. Several elements make up this concern:

Would One Stop Centers take over vocational rehabilitation funding and replace its specific individualized and consumer driven approach with a one-size-fits-all philosophy? Would service providers under the pressure of performance-driven systems get their quotas by serving nondisabled rather than those with disabilities? Would employers meet their social responsibility by favoring nondisabled welfare recipients? Would the competition for employment slots in the community be won by the new influx of the disadvantaged nondisabled?

Community rehabilitation programs were divided on their responses to these new reforms. Some organizations had decided that serving these new nondisabled populations was not desirable since it could affect their primary mission to their consumers with disabilities and they doubted their ability to effectively serve these new populations. Other community rehabilitation programs had decided to serve these new nondisabled populations in significant ways. This latter group had developed "soft skill" training packages to provide job-seeking and job-getting skills, work experience, and placement programs for disadvantaged consumers. Some programs were receiving both Job Training Partnership Act (JTPA) and TANF funds, while others concentrated on only one source. The extent of involvement ranged from designing a single small contract to provide basic services to partnering with other programs to provide all services under a $130 million TANF contract. Another segment of the community rehabilitation industry had not yet made a decision about whether to enter this market.

In addition to the concern about the impact on their consumers, community rehabilitation programs were concerned about competition from large private for-profits, the potential impact of outcome-based performance contracting on "creaming," and the predicted coming of managed care to vocational rehabilitation services.

The intensity of the negative reaction from the rehabilitation community (consumers, vocational rehabilitation agencies, and community rehabilitation programs) was in some places very high with dire consequences predicted about increased crime rates, suicides, and homelessness among persons with disabilities. In the summer of 1997, these reforms were either in the planning stages or just being implemented at some sites with massive reorganizations occurring or on the drawing board at the state level resulting in confusion and inconsistencies. In other places where these reforms had been in place for over a year, there was a distinctly different picture. The dire consequences had not occurred though many changes had occurred; and agencies, service providers, and consumers were working together to make changes to the program and share concerns.

For each of the concerns, there appeared to be a counter argument. For example, instead of rehabilitation being absorbed by One Stop Centers, rehabilitation could just as easily become infused into the One Stops and TANF agencies for logical reasons. First, the initial success of welfare would decline because it was believed that a large portion of the decline was due to no shows who either were abusing the system or could find work on their own. The next segment would respond to the soft skill training strategy with further reductions on welfare rolls. The last segment of the welfare population were likely to have a disability and/or have attitudinal, cultural, and skill barriers that impaired them as much or more than a disability. As these populations come into the One Stops, rehabilitation processes will be sought because of their proved effectiveness.

While some practitioners perceived this as a system in chaos with the social safety net being shredded, others saw this as the opportunity to implement real reforms and build effective systems. Participants from all perspectives expressed concern about how to best serve their consumers with or without disabilities. Discussions of the issues were frank and acknowledged the different possibilities. Participants were aware of the public's view of the ineffectiveness of the programs and believed that the reforms were headed in the right direction, but they now needed control and flexibility at the local level to respond to their community's need.

The competition between persons with disabilities and the nondisabled might not be won by the disadvantaged nondisabled. Community rehabilitation programs working with both people with and without diagnosed disabilities reported that employers are highly impressed with the work ethic and motivation of persons with disabilities and the supports provided by rehabilitation. Some nondisabled individuals from welfare have different work characteristics that are more difficult for the employer to tolerate and are not easily remedied. Persons with disabilities can compete successfully for these employment slots.

Finally, the view that these reforms are being driven by incompetent government bureaucrats in their offices in Washington, DC, is countered by acknowledging that it is the responsibility of consumers, service providers, and state funding agencies to provide feedback to make necessary revisions to minimize the negative consequences and maximize the effectiveness of these programs.

Many of the participants from One Stops and TANF programs were already pleading for more involvement of vocational rehabilitation in their programs due to these concerns. The level of involvement by vocational rehabilitation at that time was left up to each state agency. Most community rehabilitation agencies had prior experience with JTPA agencies or the predecessor welfare programs to TANF. True collaboration and cooperation had been achieved in only a few communities in the sample. All believed that the reforms were increasing the necessity for effective collaboration practices, but development of mutual trust among stakeholders must come from face to face negotiations to resolve the local barrier to implementing collaborative practices.

The conclusions that could be drawn from this focus group study have more to do with advice from the participants rather than from statistically proved facts. The reforms are headed in the right direction but have significant flaws with respect to serving persons with disabilities. These flaws can be corrected and these reforms can achieve their purpose if the needed flexibility is provided at the local community level by the federal and state governments. Local communities must work together in an integrated way so that all target populations are served appropriately. Local coordinating bodies are needed to ensure that collaboration among agencies provides its own incentives and rewards within the system. Common application information should be readily accessible for sharing among all agencies so that consumers need not duplicate information as they access different resources. Successful communities will be characterized by a sense of mutual trust among their stakeholders, the effectiveness of their programs, and the satisfaction of their consumers.

Introduction

The climate within the country's social and employment services networks has been affected by two relatively recent policy shifts (workforce development and welfare reform) that may increase the presence of nondisabled- populations in community rehabilitation programs. The implementation of One Stop Career Centers, welfare reform, and the recent legislative attention to the reform of Social Security are all designed to move away from fragmented and sometimes counterproductive programs and toward consolidating programs into a more efficient and more effective system. These federal initiatives are designed to implement One Stop systems for developing the workforce in local communities and have set in motion a systems change process for service delivery whose impact has only begun to be felt at the local level. These trends are expected to eventually affect how each local community is organized to use federal and state resources to employ persons with and without disabilities. These two initiatives (workforce development and welfare reform) are guided by two distinctly different legislative efforts.

Workforce Development

Workforce development is a major paradigm policy shift to consolidate employment programs under a more unified structure. It formally began in 1994 with grants from the U.S. Department of Labor's Employment and Training Administration to develop One Stop Career Centers as the single point of entry for all employment and training programs. By the end of 1999, all states will have received grants to implement One Stop systems in the form of local community One Stop Career Centers across their state. The Department of Labor's basic principles and hope for this new initiative are detailed by Kogan, Dickinson, Fedrau, Midling, and Wolff (1997) in their three-part guide for creating One Stop systems for developing workforce capacity:

> The overall objective of the One-Stop initiative is to unify the "patchwork" of fragmented categorical programs into a single workforce development system. Specific objectives of the federal One-Stop initiative include:
>
> **Universal Access.** The design and delivery of core workforce development services universally accessible to all individual and employer customers, regardless of their eligibility for specific categorical programs.
>
> **Customer Choice.** The transformation of the bureaucratic maze of categorical workforce development programs into a customer-driven system that allows job-seeker and employers customers to select services appropriate to their individual needs and interests.
>
> **Service Integration.** The integration of the planning, design, and delivery of services across multiple funding streams and agencies to create a system of services that is seamless from the customer perspective and minimizes duplication of effort.
>
> **Outcome Accountability.** The development of new system-level accountability mechanisms to ensure that the system is driven by efforts to improve outcomes for worker and employers customers. (p. A-1)

Welfare Reform

The other policy shift formally began in 1993 with the introduction of various legislations that would lead to the passage of the Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193) that now guides welfare reform. As of November 20, 1997, all fifty states, the Commonwealth of Puerto Rico, and several territories have submitted their TANF plans, and all have been approved. This act and its impact are summarized by Holcomb, Pavetti, Ratcliffe, and Riedinger (1998) in the introduction to their study of welfare reform in five states:

> The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 made unprecedented changes to the nation's welfare system. Based on the goal of creating a work-oriented, transitional assistance program for families in need, PRWORA eliminated the former Aid to Families with Dependent Children(AFDC) program, an entitlement program which provided monthly cash assistance to families with little or no income. The new law also eliminated the Job Opportunities and Basic Skills Training (JOBS) program, a federally mandated welfare-to-work program for AFDC recipients designed to help families move off welfare and attain self-sufficiency.
>
> PRWORA replaced these programs with a single block grant, "The Temporary Assistance for Needy Families" (TANF) program. The TANF block grant gives states far greater flexibility to design their own cash assistance and welfare-to-work programs than was permitted in the past. States are presently involved in translating PRWORA's goal of a work-oriented, transitional assistance program into an operational reality, a process that promises to be ongoing given the inherent complexity and enormous challenge it entails. Many states had already begun this process through welfare reform waiver demonstration projects.
>
> Despite the overall flexibility afforded by the TANF block grant (as well as, at least initially, increased resources), the law does include some important restrictions on how block grant funds are to be spent and contains several mandates concerning the work-related aspects of TANF. In particular, PRWORA:
>
> - requires states to achieve considerably higher participation rates in work or work-related activities for recipients than in the past;
> - calls for participation rates to be calculated in ways that are likely to increase participation in work activities, especially in subsidized employment and/or unpaid work experience, and limit participation in education or training; and,
> - imposes a work requirement on recipients after two years of benefit receipt, a requirement that states may opt to impose sooner if they so desire.
>
> In addition, PRWORA eliminated the open-ended entitlement to cash assistance, which was the crux of the former AFDC program, and replaced it with a five year maximum lifetime limit on a family's receipt of federally-funded TANF benefits. States have the option of imposing a shorter lifetime limit and may also, at their own discretion, continue to provide cash assistance to recipients beyond five years through state general revenues. (pp. 1-2)

Potential Impact on the Rehabilitation Community

The Center began hearing reports from its various constituents that these legislative changes had caused considerable upheaval within local welfare agencies, Job Training Partnership Act offices, and job services offices. Confusion and questions about program capacity spread to

people with disabilities, community rehabilitation programs, and state vocational rehabilitation agencies. At the same time, community rehabilitation programs were opening their doors to nondisabled consumers from One Stop systems and from human service agencies under the new TANF regulations. With these changes, there was expressed concern about what might happen to the quality and availability of rehabilitation services, supports for people with disabilities, and employment rates in the community.

For welfare reform, the major concern was how the benefits for people with disabilities would be affected. In terms of Workforce Development, it was possible that these new initiatives would result in all programs, including state vocational rehabilitation, coming under the control of One Stop Career Centers. People with disabilities might not fare very well under the proposed method for implementation of the One Stop Career Center. The funds for specialized rehabilitation services designed to serve the special needs of people with disabilities could be shifted to provide generic employment services. People with disabilities might have to compete with nondisabled persons for the limited service dollar and for the competitive employment slot in the community, but without a system of support services. Further questions existed about how the benefits administered by local social services offices would affect people with disabilities under these new rules.

Another area of concern was about the accessibility and quality of services provided by community rehabilitation programs. Significant funds were being directed toward the concept of Workforce Development and Welfare Reform. Both efforts were designed to move people into the workforce and offered service dollars on a competitive grant basis. Some community rehabilitation programs had successfully obtained grant monies to serve people on welfare and/or under the One Stop Center concept. It was questioned how dedicated local community rehabilitation programs were to serving people with disabilities with this large influx of new funding sources.

Rationale for the Research Study

In early 1997, there were different viewpoints about the extent to which these different problems existed, and at the same time there was little concrete data about how all the different legislation would be implemented. A number of states were reorganizing almost on a daily basis. In Congress, bills were proposed and then dropped to block grant all employment programs, including Vocational Rehabilitation, into a single pot of money to states for use in implementing a variety of programs to serve people with diverse needs. It was at this time that the Research and Training Center initiated this study to examine the current and potential impact of the implementation of workforce development and welfare reform upon community rehabilitation programs and the consumers with disabilities they serve.

The technique chosen was focus group interviewing with those who were experiencing the impact of such changes or rumors of changes: People with disabilities and the staff of community rehabilitation programs. The Center conducted 23 focus groups with nearly 200 consumer advocates and staff from community rehabilitation programs, vocational rehabilitation agencies, and others in 13 cities across eight states to explore the perception of the impact that these changes would have on consumers with disabilities and employment organizations within each community.

Method

During the summer and early fall of 1997, focus groups were conducted in 13 cities (Athens, Atlanta, Anaheim, Holland, Los Angeles, Midland, Mansfield, Milwaukee, Minneapolis, New York, San Diego, San Francisco, and Tampa) across eight states (California, Florida, Georgia, Michigan, Minnesota, New York, Ohio, and Wisconsin.) Over 200 individuals participated in the 23 focus group sessions each of which lasted about two hours. Appendix A contains the list of participants in alphabetical order. Of the 23 focus groups, 10 groups consisted of consumer/consumer advocates while the remaining 13 had staff from Community Rehabilitation Programs, Vocational Rehabilitation, Job Training Partnership Act, and other agencies as the primary participants. In each state, there was at least one focus group for consumers and consumer advocates and one for service providers and funding agencies.

Procedures

During each of the two-hour focus groups, the participants were asked to respond to six questions about (a) what had happened, (b) who will be affected most, (c) what is going to happen, (d) who will be affected most by what is going to happen, (e) what do you recommend, and (f) what other concerns do you have. (The scripts for the consumer and agency/service providers are contained in Appendix B.)

Coding

Focus group sessions were recorded resulting in 793 pages of transcripts. Each transcript was edited to provide a feedback report to the participants, reducing the number of pages to 460. In the early winter of 1997, each participant was sent a complete copy of his/her focus group report and a form to provide feedback about the validity of the contents of the report and to provide updates on any new changes in his/her community.

Within each report, the paragraphs were numbered consecutively and the essential comments bolded. Bolded comments or phrases were entered in a DBASE program and identified by the focus group number and paragraph number of the report. A **three level coding hierarchy** was used to assign codes to each comment. Comments were first given one of 13 codes for the **Target** of the comment (population, group, or agency) and then one of nine codes for the specific **Area** within that Target. The comment was then coded for multiple **Key Words** that represented specific content of comment within Target and Area (See Appendix C for the codes within each level of the hierarchy.) Finally, all or a portion of the comments were selected and entered into a "Quotes" field that could be used to illustrate concepts in the report.

Table 1 provides examples of the coding process. Table 1 lists examples from the first question "What had happened?" and the fifth question "What do you recommend?" The first comment is from the afternoon consumer session in Holland, Michigan, on August 8, 1997 (focus group # 7). It is from the 35th paragraph in the script and deals with question #1. The target of the

comment is Welfare and discusses the area of Outcomes with key words of Benefits, Case Loads, and Confusion,. The quote is a grammatically edited statement of the content. The rest of Table 1 presents coding examples of comments about the system, workforce development, CRP (Community Rehabilitation Programs), policy, employers, and consumers.

Analysis

The final database contained 1,549 comments that were verbatim records of focus group participants' responses to the questions. The comments received on "other concerns" were a repeat of comments made previously or were applicable to one of the other five questions. Seven responses were about the question "Who will be affected most by what is going to happen?" and were similar to the question "Who will be affected most" by what had happened." Responses to these two questions were combined. All other comments were grouped according to the four remaining questions and sorted by the Target, Area, and Key Words codes in that order. For each question, synopses were written that summarized the comments obtained across all focus groups.

The results of tabulating comments for the four questions across the thirteen target areas are given in Table 2. Frequency counts of comments about different aspects for each question regardless of which group revealed that 59.8 percent of the time respondents discussed Question # 1 on "What had Happened" (926 of the 1,549). Recommendations about the reforms were discussed in 372 comments. Another 187 comments were made about "What will happen?" The remaining 63 comments were made about "Who's affected most?" by the changes that have occurred or are expected to occur.

Table 1. Examples of the Coding Process

Question #1: What Had Happened?

Focus Group #: 7	Paragraph #: 35	Question #: 1	Target: Welfare	Area: Outcomes	Key Words: Benefits, Confusion, Case Loads
Comment:	We have lost over 48% of client base of AFDC in the last year. However, the food stamp case load and the Medicaid case load, the day care case load, they're skyrocketing. We're making this whole thing up as we go along. We're in absolute chaos.				

Focus Group #: 5	Paragraph #: 18	Question #: 1	Target: System	Area: Support	Key Words: Flexibility, Efficiency, Regulations
Comment:	Part of the problem is that it is a package deal where you get everything or you get nothing. So, it looks like you can't take Part A, C, and F and help the person meet their needs and then do B, D, an E. Because if they're eligible for A, C, and F, they get B, D, and E free along with it when they may not even need it and vice versa. If they don't get A, they don't get anything. That doesn't sound very cost effective. If we had our cars repaired that way, when I took my car in to get the air conditioner fixed, I'd get a new transmission.				

Focus Group #: 13	Paragraph #: 4	Question #: 1	Target: Workforce	Area: Process	Key Words: PWD, Competency, Example
Comment:	There are a number of questions that I have about one-stop shops not addressing disability in any way, shape, or form. Who is going to pay for and what services are going to be offered in a one-stop shop for everybody who has a disability, every kind of disability imaginable. Are you going to have visually impaired CCTVs set up in the one-stop shops? Who's going to pay for the interpreters for the deaf? Where's the pool of interpreters that they're ready to bring in? Who's going to talk to employers? Who's going to act as an advocate on behalf of a person with a disability? Where's the reasonable accommodation in the pre-screening for employment? Who's going to set up the interview? Who's going to make sure that the interview with the person at the one-stop shop is reasonably accommodated? How are we going to guarantee access for attitudinal and physical barriers in these one-stop shops? Where are they physically going to be located?				

Table 1. Examples of the Coding Process (Continued)

Focus Group #: 23	Paragraph #: 29	Question #: 1	Target: CRP	Area: Organization	Key Words: Managed Care, Collaboration
Comment:	I know a group of funding agencies that were getting tired of funding four or five different programs all doing the same thing. So now they are saying the same thing - you need to get together to run this program. We're not going to pay five administrative fees. We'll provide for the program, but somebody had better oversee the program and each of you divvy up the money. It's kind of like managed care for non-profits.				

Focus Group #: 18	Paragraph #: 11	Question #: 1	Target: CRP	Area: Organization	Key Words: Philosophy, Participation
Comment:	Our CRP's mission and experience have not been with groups that are disadvantaged but rather with persons with disabilities. We kind of feel like we should be in the second wave if we decide to change our mission at all or add to it because that's a whole new culture for us to work with the disadvantaged.				

Focus Group #: 22	Paragraph #: 45	Question #: 1	Target: CRP	Area: Advocacy	Key Words: Collaboration, Competency
Comment:	The collaboration and the consolidation of these agencies have really just made it more possible for us to get involved and show what we can do. It's blurring the lines and it's really giving everybody, I think, a better opportunity to show what works and apply it maybe to different populations.				

Table 1. Examples of the Coding Process (Continued)

Question #5: What Do You Recommend?

Focus Group #: 22	Paragraph #: 11	Question #: 5	Target: CRP	Area: Advocacy	Key Words: Competency, Supports, Education
Comment:	There are ways of helping employers support employees better, and ways of supporting new workers that haven't had any experience and are going to a take a little longer maybe to integrate into a workforce, adjust to a job. We've argued for the last four, five years that there's a place for the rehabilitation approach to the welfare reform population because disability doesn't have to be rolling around in a wheelchair. Poverty is a disability, lack of education is a disability. And we keep knocking on the door of our Workforce Development agency saying we know how to do some of these things. You just need to give us a chance to kind of break into that system and look at rehabilitation from a broader view, a wider appeal perhaps.				

Focus Group #: 2	Paragraph #: 67	Question #: 5	Target: Policy	Area: Staff	Key Words: Competency, Training
Comment:	The personal preparation in the job centers needs to examine what kinds of qualifications people would need to have to make this work or not work. These places are going to have to be places that are open to the community and really connect them in many different ways to the already existing network of community human services programs. That should be a qualification for the new workforce development workers of the future.				

Focus Group #: 22	Paragraph #: 63	Question #: 5	Target: CRP	Area: Process	Key Words: Collaboration, Benefits, Example
Comment:	It's really helpful for us to have communication. Sometimes there is nothing that I can do about a particular area, but the ARC could do something or Community Mental Health or Family Independence Agency. You know, there's some benefit that they could offer that I can't. And if we all work together, the resources are there. But sometimes you are kind of out on your own and can't always deal with everything and need the support of more than one person. If people do work together, the teaming process does definitely help everybody involved.				

Table 1. Examples of the Coding Process (Continued)

Focus Group #: 12	Paragraph #: 44	Question #: 5	Target: Employers	Area: Process	Key Words: Participation, Resources, Effectiveness
Comment:	Employer-driven is a necessary attitudinal change. I think society at large is kind of fed up with not only the welfare system, but with the way a lot of other public money is spent. I do think we need to get on board and I think a consortium or a collaboration needs to include the private sector and the employers because they are the ones creating these jobs, whether it be on-site, off-site, out-sourcing, in-sourcing, job coaches, whatever. There're a lot of different ways to employ people, internships, volunteers, and the whole gamut needs to be included there.				

Focus Group #: 20	Paragraph #: 48	Question #: 5	Target: Policy	Area: Advocacy	Key Words: Collaboration, Progress, Education
Comment:	I think it's good that change is occurring. It's just we've got to make sure that we steer in the right direction. It's been a long time coming and I think that there will be many positive changes that come out of this if groups and if government stay on top of it and we don't just all sit around and wait for the regulations to come out. Don't ask "What's the new welfare reform policy"; rather, we should make that policy.				

Focus Group #: 14	Paragraph #: 46	Question #: 5	Target: Consumers	Area: Process	Key Words: Collaboration, CRP, Education
Comment:	We, as service providers, are going to have come together and know each other's systems. But, a lot of our systems are set up not to do that because everyone is so competitive in trying to get a piece of that pie and not focusing on what the consumer needs. No single program can do it for everyone. We've all got to give up our fiefdoms, give up our territories, our turf, and work together.				

Focus Group #: 21	Paragraph #: 83	Question #: 5	Target: System	Area: Process	Key Words: Disincentives, Supports, Effectiveness
Comment:	I think the current system is guilty on the one hand in many cases of not providing enough incentives for people to get off financial entitlements. On the other hand, for those people who are thrust into the economy, there're not enough supports. We need to build and construct a system that provides both the incentives to work and the supports to continue productive work, both those things are needed.				

Table 2. Number of Comments to Questions by Target Codes

Target Areas	Questions: What Had Happened?	Who's Affected Most?	What Will Happen?	What Do You Recommend?	Total For Area
Percent by Question	**59. 8%**	**4.1%**	**12.1%**	**24.0%**	**100%**
Totals by Questions	**927**	**63**	**187**	**372**	**1,549**
Percent within Question:					
The System	22.3	22.2	33.2	56.5	**31.8%**
Welfare	24.3	39.7	26.2	8.3	**21.3**
Community Rehabilitation Programs	13.9	3.2	10.7	5.4	**11.0**
Consumers	7.2	15.9	3.7	7.5	**7.2**
Workforce Development	7.6	14.3	5.3	4.8	**6.9**
Vocational Rehabilitation	7.6	3.2	9.1	3.0	**6.5**
Employers	3.5	0	3.2	6.7	**4.1**
Policy	3.9	0	2.1	4.8	**3.7**
Job Training Partnership Act	3.8	0	1.6	0	**2.5**
Community	2.2	0	2.1	1.3	**1.9**
Schools	2.2	1.6	0	1.6	**1.7**
Economy	.9	0	2.1	0	**0.8**
Job Services	.9	0	.5	0	**0.6**
Totals for Questions*	100%	100%	100%	100%	**100%**

* Totals do not exactly equal 100.0% due to rounding errors.

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Results

The results of a synthesis of the 1,549 comments are presented under headings that parallel the four questions on Table 2. Because of the large number of comments to Question #1 ("What had happened?"), it was divided in three subsections: (a) reports of what has happened to various agencies, (b) perceived impact on consumers with disabilities, and (c) responses to reforms by community rehabilitation programs. The last three major sections of this portion of the report summarize predictions about who will be affected most, expectations about what will happen next, and recommendations about the system.

There was no attempt to classify the responses by the perspective of the participant. For each section, the comments are synthesized across all focus group members regardless of whether they are consumers, consumer advocates, service providers, or funding agencies. In the first three sections, however, it is more likely that most of the comments in each section are from participants who are staff in the various agencies, consumers and consumer advocates, and community rehabilitation programs, respectively. In the last three sections, there is no basis for assuming that the comments are from any single perspective.

Reports of What Has Happened to Various Agencies

Considerable differences existed across the focus group sites in terms of what the participants viewed as happening within the agencies of the various communities. Nearly 60 percent of the comments addressed Question #1 about what had happened in each of the states. The comments are reported by the following target groups: (a) welfare reform, (b) workforce development, and (c) vocational rehabilitation. The comments in these sections are primarily from the staff of the target agencies but may also include comments from others about the agencies.

Welfare Reform

The participants in the groups came from states in which the actual implementation of reform of welfare varied considerably. Two of the states were the first ones to have their TANF plans approved (Michigan and Wisconsin) and program implementation was occurring at the local level, while others were in various stages of implementation at the local level. Despite the variations in progress, there were common language, goals, and philosophy apparent in these states' reform of welfare.

Work first philosophy. Participants from agencies who administered welfare programs were consistent in describing the mechanics of the reform of welfare. Each state had to adopt procedures to follow these new guidelines or lose federal funding for Welfare. The term "Work First " was cited as a principle that mandates welfare recipients to participate in a work program and stresses the importance of placement in a work setting to gain experience rather than vocational skill training. They referred to their clientele as TANF recipients, described the importance and impact of the requirement to work for welfare recipients, cited exemption categories, and explained how sanctions would be imposed for failure to comply.

Support services: Day care, transportation, and employment training. The most frequent referral to support services were day care, transportation, and employment training. Respondents cited problems in finding qualified day care centers for shifts, weekends, and for children with disabilities. Transportation issues involved the availability of public transportation in rural and suburban areas and limited hours of operation in urban areas. Such limitation made it difficult for recipients to get to where the jobs were and for urban residents, that could even mean getting to employment opportunities lying outside urban areas. They cited the need to develop the job-seeking and job-finding skills of the TANF recipient. These "soft skills" are similar to what rehabilitation calls job placement training. There was a consistent focus on providing immediate job placement services and a concurrent absence of vocational skill training and other long-term training. They cited the need for TANF recipients to work first and then get training after they proved that they could hold a job.

Exemptions. Exemptions were granted for two reasons: (a) disability of the consumer and (b) disability of a minor. An individual with a disability could be granted an exemption from the work requirement. In some cases, caretakers of disabled children could also be granted an exemption. It was not clear whether exemptions would or would not be granted in cases where it would be more economical to pay the individual the benefit than to provide for extensive day care services.

Characteristics of welfare recipients. Participants described the TANF population as consisting of different segments with varying degrees of difficulty. Part of the population consists of single mothers and others who need temporary assistance to support their family until they find work. Others are reported as having adopted the welfare culture by learning the system, skillfully following the rules and regulations, and accepting government subsidies as a way of life. Another portion are expected to have undiagnosed learning disabilities, mental illness, and/or drug abuse problems. A smaller portion are those diagnosed with disabilities and who are receiving Social Security Administration benefits or services from Vocational Rehabilitation.

Reduction in welfare numbers. Across all sites, there were consistent reports of a drop in welfare case loads or an expected drop in case loads. In those states who had implemented their TANF plan and were screening TANF recipients for placement into employment, there were reports of significant and immediate reductions in welfare case loads.[1] A major reason for the drop in case loads was said to be no shows. It was reported that some individuals might have found the new system too hard to manipulate and probably had gone elsewhere or decided to get jobs on their own. Others in this latter group might actually have been working and were abusing the system. Despite the consistent reports about drop-outs from the welfare systems, there were no hard statistics on the actual number and reasons for dropping out as opposed to those who returned to work.

Need for the reform versus panic about loss of benefits. In general, the participants

[1] For example, one county (in Michigan) reported 385 cases as of 1997 compared to 1,326 in 1992. What is more important, the nature of the case loads had changed. People with disabilities had made up only 10 percent of the case loads in previous years, but they constituted 50 percent of the 1997 case loads even though their actual numbers had not increased. Instead, the proportion of people with disabilities was higher because of the decreased number of nondisabled consumers.

voiced the need to reform welfare because the system had gotten out of control and was being abused. The mandate to work was cited as the "kick in the pants" that some people needed to motivate them to work. On the other hand, there were reports of panic among TANF recipients regarding the loss of benefits. One of the most important concerns was that the loss of welfare benefits would not only mean a loss of cash income but would affect Medicaid coverage, food stamps, housing, and other benefits that were tied to low income and not working.

Workforce Development and One Stop Career Centers

Some participants indicated that workforce development and the One Stop Career Centers' initiatives are not really new from a programmatic perspective, but are simply another effort of the federal government to change the name of the programs that develop the nation's workforce. Participants cited the predecessors of Workforce Development such as the Manpower programs in the 1960s, the Comprehensive Employment and Training Act (CETA) in the 1970s, and the current Job Training Partnership Act (JTPA). On the other hand, participants also discussed the possibility that workforce development is really a totally new effort to consolidate programs and streamline the service delivery systems and that, perhaps, policy is on the right track.

In contrast to welfare reform, which appeared very consistent, several patterns and stages of implementation were reported for workforce development under the One Stop concept. In one state, Job Training Partnership Act no longer provides any services, and the former director for the local services delivery area for Job Training Partnership Act now chairs the Workforce Development Board that oversees contracts for employment services. The Workforce Development Board did not exert direct control over other funds. In another state, there is one funding stream for One Stops under Job Training Partnership Act and a separate funding stream for Wisconsin Works (W2) under Welfare reform. In other states, no change has yet occurred in the way that JTPA operated.

One common reference was to the changes the federal Department of Labor has made to the Job or Employment Services Offices. These offices were to be moved under One Stop Career Centers along with other agencies. The question of who the other agencies were differed considerably. Participants' reports varied about the details of the One Stop initiative as envisioned under the Department of Labor's Workforce Development. Differences were reported about One Stops' funding streams, how services were being delivered, and how consumers with disabilities would be served. In each site participants were reporting changes in agency organization, announcements of planning meetings, rumors about staff lay-offs and elimination of agencies, and concerns about lack of leadership.

Vocational Rehabilitation

How state vocational rehabilitation agencies were to participate in workforce development under the One Stop initiative was the major issue between workforce development and vocational rehabilitation. One state proposed that physical co-location was causing considerable panic among the vocational rehabilitation staff, while in another state the coordination between workforce development and the vocational rehabilitation agency participation was apparently moving smoothly. In another state, the vocational rehabilitation program was consolidated at the state

level, but no change had occurred at the local level. Other states appeared to be more concerned with other issues such as their own reorganization or contracting issues. And some states were still going through a series of state level planning for implementation.

Vocational rehabilitation staff cited important issues that needed to be resolved regarding participation in One Stop systems. For example, they did not feel that the One Stop design would offer adequate accessibility for their consumers nor space for confidential counseling sessions. In addition, they felt physical co-location would increase their administrative costs and result in reduction of service dollars.

Perception of Impact on Consumers With Disabilities

Reports of impact on consumers with disabilities from workforce development and welfare reform was central to the focus groups with consumer and consumer advocates. In the cases where individual consumers were involved, concerns were expressed about conditions about their successes and failures with the rehabilitation process. Individual consumers with a disability who did not represent others did not cite concerns about One Stop Systems or welfare reform. In contrast, consumer advocates reported a variety of concerns about the changes occurring or about to occur.

Though much of what is reported below is from these consumer advocates, the summary includes comments made by staff from service and funding agencies who shared these viewpoints. There was no attempt to separate comments about consumer impact made by consumer groups versus service/funding agency groups. The comments summarized below present problems that have occurred or could occur based on the perception of the participants, but they were not necessarily reported to occur in all locations.

Accessibility and Confidentiality

Reports were made that One Stop Career Centers have problems with accessibility due to physical barriers, remote locations, and inappropriate formats for sensory and cognitive disabilities. Another problem area was space for consumers and counselors to provide confidential counseling sessions with vocational rehabilitation counselors.

Attitude and Competency of Staff

Examples were cited in which One Stop personnel had demonstrated a lack of knowledge and skills to serve people with disabilities. One example was that of a person in a wheelchair who was told that he was too disabled to work even though he came in for assistance to change jobs. Another example was about a One Stop Career Center that was basically brought to halt because no one knew how to communicate with a deaf person. Others cite situations where negative attitudes were openly displayed toward people with disabilities. It was reported that reception area staff appeared to doubt the appropriateness of persons with severe disabilities coming to the One Stop.

Equal Access to Employment and Services Opportunities

Opinions were expressed that people with disabilities would not receive equal access to the employment and service opportunities provided by the One Stops. It was predicted that people with severe disabilities would be turned away prejudicially because of a presumed inability to work. Respondents questioned whether One Stop staff could recognize the needs and limitations of persons with mild-to-moderate disabilities who would be left to compete in the labor market without proper support services.

Competition for Services and Job Slots

Participants raised the possibility that these new efforts would increase the number of job seekers and would increase competition for services and jobs in the community. These new efforts could force service providers to chose between two classes of consumers: those with and those without a disability. They questioned whether providers and agencies would favor those with the least impairment for services as well as referral to employers in the community. They expected this to be true especially since the current emphasis on welfare reform might give these consumers preference over persons with disabilities.

Employers' Attitude and Choice

The scenario of competition between disabled and nondisabled consumers spilled over into the private employment setting. There was concern that employers might have a negative perception of the capability of people with disabilities. There was the assumption that when the employer could choose between employees of equal ability with and without a disability, the one without a disability would be chosen. This expectation is based, in part, on employers' assumptions about the increase in health costs and unemployment compensation and a belief that ADA prevents employers from firing people with disabilities. In addition, the pressure upon employers to do social good would be just as well satisfied, both from personal and public relations perspectives, by hiring welfare recipients who are not disabled instead of people with disabilities.

Consumer Choice

Some participants expressed the view that the vocational rehabilitation concept of consumer choice would be lost. They cited how much time and energy had been devoted to the adoption of consumer choice in vocational rehabilitation and now they saw that being eroded or totally eliminated. They expected that consumers would be placed in the first job that became available and job retention would be poor. In one group, the view of the One Stop placement process was referred to as the "velcro approach" in which the consumer is thrown at one job after another until they stick.

Individualization Versus "One Size Fits All" Philosophy

Several participants from the rehabilitation community stated that the One Stop movement differs significantly in philosophy and program operations from that of rehabilitation. Rehabilitation was discussed as a process in which the characteristics of the individual drove the

service delivery system with each person with a disability viewed as unique, requiring a specifically tailored plan for achieving self-sufficiency. One Stops were to operate on a "One Size Fits All" philosophy where a fixed menu of services is offered and individuals receive the same set of services regardless of their needs.

Disability: Eligibility and Benefits

Most of the concerns in this area had to do with TANF benefits and social security and was not directed toward One Stop Centers. Those participants who served the most severely disabled did not think it was likely that benefits from the local TANF funds or social security administration (SSDI/SSI) would be affected. In contrast, for those with mild-to-moderate disabilities, the impact could vary depending on how visible their disability and how competent the staff. Benefits counseling was reported as a major task in some cases. Of special concern was how benefits lost by one program could automatically result in the loss of other benefits from other programs. The major concern was that One Stops would increase the likelihood of benefit determination being mismanaged.

Vocational Rehabilitation Versus the Reforms

Participants from the vocational rehabilitation community expressed the need to continue efforts that were currently underway in the vocational rehabilitation system. They expressed satisfaction with progress that they believed had been achieved in terms of increasing counselor competency, consumer choice, mainstreamed employment options, and full array of service options. Despite the flaws that some expressed about the vocational rehabilitation system, the rehabilitation system was said to be superior to these new proposed systems with unknown capacities and competencies. The new system was perceived as being implemented with ill-conceived notions or no notion at all about the needs and ability of people with disabilities. Mistrust of leadership, lack of competency, and unknown commitment toward people with disabilities were frequently expressed. They cited continuous and sometime contradictory efforts to reorganize programs at the state and local levels, which led to constant changing of direction. These conditions were said to contribute to a general sense of doom and gloom on the part of the rehabilitation community.

Questions About the Direction of Society and Intent of the Reforms

Participants from the rehabilitation community questioned where these reforms would lead and what might be their long-term social goals. Questions were raised about where society was going and whether these reforms would increase the numbers and hopelessness of the "underclass": those who have no jobs nor shelter and who feel disenfranchised from American society and its dreams. Some predicted that these reforms mark the end of the Great Society begun in the mid 1960s. The safety net for those with acute and chronic needs was seen as being shredded. They saw these efforts as the beginning of the reversal of civil rights, first for those fought for people with disabilities under ADA and eventually for all people as the pendulum swings away from support for people to punishment of the victim who needs supports.

Responses by Community Rehabilitation Programs

Each of the service provider/funding focus groups was sponsored by a community rehabilitation program or state organization. The sponsors were a diverse group that differed in the degree to which they had implemented new programs in response to the reforms. Some of these organizations were active players in the competition for new monies under these reforms. Other segments were seeking more information before they made a decision about whether to make changes, while others had decided not to make changes in their organization to serve nondisabled.

Most of the community rehabilitation programs in the study were aware of the funding opportunities that existed under the Job Training Partnership Act (JTPA), and some had prior contracts with JTPA in those states where JTPA had contracts for services. Far fewer sites reported previous contracts with AFDC sources. The new TANF regulations were providing significantly more opportunities to community rehabilitation programs for service contracts than before for welfare populations. The new One Stop Career Center initiatives in some states were moving more toward total contracting for services from JTPA sources, while in other sites there were more limited funding opportunities. The responses in this section are primarily based on comments from staff of community rehabilitation programs.

Types of Responses

Most of the active players were developing programs based on rehabilitation techniques and viewed these reforms as an opportunity for community rehabilitation programs to demonstrate the applicability and effectiveness of these techniques for nondisabled populations. The types of responses varied considerably. Some programs were providing just specific training programs for this population, while others were utilizing their production facilities to provide nondisabled populations with work experience. In one case, a community rehabilitation program received $130 million from TANF funds to serve the welfare population in part of a major U.S. city. It set up a separate division with branch offices to provide training and other services.

Another group of community rehabilitation programs had decided not to serve the nondisabled welfare population for a variety of reasons. Some cited that it was not consistent with their mission and could jeopardize services to their traditional consumers with disabilities. Others questioned the stability of the funding sources, problems in getting contracts, and the difficulty in serving this population.

Other participants from community rehabilitation programs were seeking more information before making a decision. They had come to the session to learn more about the trends and how other service providers had responded.

Program Development

The primary program development of this population was to prepare nondisabled individuals to find and keep a job. It consisted of the traditional job placement approach involving conducting the job search, teaching successful interviewing, and training in basic work place

behavior. These skills are considered the "soft skills" needed to succeed on the job versus specific occupational skills. The market for these packages was primarily with welfare, although the Job Training Partnership Act also purchased these services in some locations. Others cited the importance of strong case management and on-the job supports like job coaching, job mentors, and follow-along services.

Impact on Community Rehabilitation Programs

Participants did not refer to a direct negative impact on community rehabilitation programs from the reforms and did not cite external pressures to serve the new populations. They did not cite loss of current revenues or loss of consumers with disabilities. They discussed the decision to expand or stay as they are as being left up to the individual community rehabilitation program. While some saw problems in trying to serve the nondisabled populations, others viewed One Stops and the process of welfare reform as having positive impact for benefitting all disabled. These reforms could result in more people with disabilities being identified, lead to adoption of rehabilitation processes as the best technology for a "Return to Work" Model, and make rehabilitation agencies more mainstreamed and less segregated and stigmatized.

Competition and Private-for-Profit

Participants referred to the competition for the service contracts from these reforms that may come from other nonprofit community rehabilitation programs as well as large and small for-profit corporations. There was concern in some states (Florida and Wisconsin) that large private-for-profit corporations would come into the market only to serve the easy to place and then leave the market when the consumers had more significant barriers to employment. Others indicated that community rehabilitation programs' track records and competencies would allow them to successfully compete. Still another group of community rehabilitation programs had entered into cooperative ventures with large private for profit companies to serve this population.

The Importance of the Economy

The question of whether the nondisabled welfare population would displace people with disabilities in the job market was frequently discussed. In tight employment markets like Los Angeles and New York City, there was a fear that this new population would take job slots away from people with disabilities. In other locations where the unemployment rate was very low, they indicated that all qualified individuals would be able to have a job. Participants in all groups stressed the importance of the economy and how it enabled these reforms to go forward. All participants were concerned about what would happen if the unemployment rate increased.

Competition for Employers and Protecting Employer Accounts

Within the rehabilitation service provider community, the feasibility of consolidating job placement and job development was questioned with regard to sharing employer accounts. Each service provider cultivates relationships with employers and builds its reputation as a provider of qualified applicants; it also provides support to the employer as needed to guarantee placement success. Employer accounts are important to these agencies, and there was concern about what the new competition would mean in terms of how employers would respond to this new source of

applicants. They also questioned the likelihood that placement personnel would be willing to share their employers with other job placement programs.

Outcomes and Performance-Based Contracting

In one state, the vocational rehabilitation agency was implementing a system for contracting that was based on successful performance outcomes. Community rehabilitation program participants were concerned about the reliability and validity of the outcome measures. There were other questions about what should be the length of the follow-up period and what constitutes a success in terms of job retention. While they recognized the appeal of outcome-based measures, they cited it was likely that such benchmark measures could result in an increased probability for service providers to focus more on the less disabled at the expense of the more severely disabled. In essence, performance contracting would increase the pressure to play the numbers game by "creaming."

Advocacy Actions by Community Rehabilitation Programs

Participants cited the need for community rehabilitation programs to educate agencies at the local and state levels as well as state legislatures about the capacity of community rehabilitation programs to effectively serve these nondisabled populations. In one state, a group of community rehabilitation programs successfully lobbied for the inclusion of a $500,000 TANF grant to be written into the state legislation to serve the welfare population.

Managed Care for Psychiatric Disabilities

Managed care principles were reported as being applied more and more to different programs within human services at the county level for medical and residential services. Service providers for consumers with mental illness cited the change to managed care concepts to Community Support Programs (CSP) in a positive light. Under the old system every service had to be given a specific medical or psychiatric label for billing purposes. It was felt that the new system would be much more flexible and allow provision of the types of personal and job supports that people with psychiatric disabilities really need without having to label them with medical or psychiatric terminology.

Predictions About Who Will be Affected Most

After discussing the question of what had happened, participants were asked whether some individuals might be more affected by these reforms than others. There was a total of 63 comments made about who would be affected most.

Hidden Disabilities and Minorities

Participants predicted One Stops would not have the ability to recognize invisible or hidden disabilities (especially learning disabilities, epilepsy, and cyclic disabilities such as mental illness and traumatic brain injury). There was also concern about One Stops' ability to function in a culturally competent process with regard to minorities. Of special concern was Asian minorities

who might accept decisions without question and might turn to suicide as the only alternative.

Elimination of Alcohol and Other Drug Abuse as a Disability

Most groups mentioned the decision by Social Security Administration to eliminate Alcohol and Other Drug Abuse (AODA) as a disability category. Fear was expressed that perhaps this action was just the beginning of eliminating other disabling conditions from federal regulations. Consumer advocates reported that AODA was often seen in combination with mental illness, and there was concern that those with mental illness would be viewed only as having an AODA problem. These events could result in few services being provided to those with an AODA problem. Other participants reported that it is usually not difficult to find another disability category for making such individuals eligible for services.

Welfare Recipients

Participants also reported that nondisabled people on welfare lacked an advocacy system similar to that for people with disabilities. They cited the current negative perception by the public for people on welfare in general. They cited the public's viewpoint that welfare recipients are likely abusing the system or could be working if they really wanted to. Participants from these agencies remarked about how strong the system of advocacy for people with disabilities appeared to be.

Expectations About What Will Occur

This section provides a synthesis of the 187 comments on the question about what participants expected to happen in the next 12 to 18 months as welfare reform and program consolidation under workforce development are implemented. The comments in this section are synthesized across all participants.

Increase in Homelessness, Crime Rate, Drug Abuse, and Suicide

There was concern that these reforms would leave people without cash benefits and supports. If this did happen, there were predictions of dire consequences. It could be expected that more people would become homeless and desperate. The crime rate would soar and there would be an increase in drug abuse and suicide. Such predictions were more often made by participants in states where the reforms had not yet been implemented. No state at the time of the focus group study had reached the time limit for eliminating welfare benefits and no one was sure what would happen. In those states who were further along, these types of comments were not made.

The Changing Demography of Welfare

There was a common belief expressed that the welfare population consisted of three segments. The first segment would be those who could readily go to work with little or no services, and some proportion of these individuals probably already have attained jobs or would do so because of the mandate to work. The second segment would be those who need "soft skill"

training that would enable them to achieve employment success. The last segment would be those who would have significant barriers to employment and were referred to as "deep needs" people with no job skills, an inability to function in the work setting, and a potential disability. This last segment was the one that would be most difficult to serve and least likely to respond to the "soft skill" training and other resources for TANF recipients.

Decline in Success Rates for Welfare

At the time the focus groups were conducted, many states had reported significant drops in the number of welfare recipients. The participants saw this initial success rate changing because of the demography of the residual welfare population. It was expected that these early gains would slow and then level off to a constant case load of people with severe problems. It was expected that legislatures and the public would expect continued drops in the welfare rolls, while at the same time costs per case would increase and success would be limited. There was concern that the welfare system would have to justify its continued existence and explain the reasons for the lack of continued reduction in welfare numbers to both the public and state legislatures.

Referrals to Vocational Rehabilitation and Social Security Administration

Participants expected that One Stop Centers and welfare could not deal with the needs of individuals with disabilities. They expected the number of referrals to Vocational Rehabilitation Agencies for services and Social Security Administration to increase. The linkages for referral and tracking between the welfare office and the Vocational Rehabilitation Agency was said to be limited or nonexistent. There was concern that many of these individuals will fall through the cracks of the system and not reach the Vocational Rehabilitation Agency. And even if they did access these other source, respondents cited problems with service gaps and waiting lists.

Increase in Waiting Lists and Service Gaps

Participants discussed two problems that could happen with the expected increase in referrals. The first problem was the long time that applicants must wait for certification for benefits under Social Security Administration. It was unclear what would happen to the individuals while they were waiting and what would happen if they were denied benefits under Social Security Administration regulations. Also, if claimants worked during this time, they could jeopardize their application. The other concern expressed was the potential impact that Vocational Rehabilitation's Order of Selection could have on serving newly identified people with disabilities. It was argued that even if an individual were successfully referred to and accepted by Vocational Rehabilitation, it could be unlikely that they would receive any vocational rehabilitation services because it was assumed that many of these individuals would have mild-to-moderate disability. Under the Order of Selection, these individuals would have a low priority for services and would wind up on a waiting list.

One Stop Career Center Philosophy Versus Vocational Rehabilitation

Participants discussed potential outcome scenarios about the conflict between the philosophy of One Stops and Vocational Rehabilitation. Participants from the vocational rehabilitation community feared that One Stop systems would replace specialized rehabilitation

processes and its philosophy of individualization and consumer choice with the "One Size Fits All" mentality. Participants from One Stops and TANF programs cited the need for assistance from the vocational rehabilitation community. They believed that rehabilitation processes and services could be in greater, not less, demand by the One Stops and TANF programs because of the expected increase in the numbers of problematic populations.

Increased Responsibility for Cooperation and Collaboration

Participants commented about how they lacked specific knowledge about the capacity of each others' systems and how to use them. The reforms were said to serve as an impetus for all community resources to become informed about all other resources in the community and to increase cooperation and collaboration among all community agencies. Participants indicated that their consumers, the public, and state legislature will be holding all agencies responsible for such collaborative and cooperation. In the locations where community rehabilitation programs had initiated extensive collaboration and cooperation with all community resources, positive results were reported. They cited the development of mutual trust among community funding agencies, service providers, and consumers. In addition, examples were given where the expansion of the community rehabilitation program occurred without adversely affecting the quality and availability of services and job opportunities for people with disabilities.

Social Security Administration Reforms

There was discussion about how benefit payments from the Social Security Administration served as disincentives to employment. There was interest in the expected reforms to Social Security Administration, but it was unclear as to what they should be or the status of the changes. The predicted reforms of SSDI along lines similar to terminating SSI payments were favorably discussed.

Managed Care for Social and Vocational Services

Some participants predicted that the inevitable next step in the reform process would be the application of managed care principles to social and vocational services. It was expected that state and local agencies would turn to capitated rate tables and pay for social and vocational services based on these tables in the same way that medical services are reimbursed.

What Do You Recommend?

Overall, there were 372 comments to Question #4 on recommendations for welfare reform and workforce development under the One Stop initiative. In some cases, participants made recommendations about specific programs or targets, but a majority of the recommendations did not refer to a specific agency or group. Recommendations without a clear referent were coded as applying to the "System." Of the 372 comments, 210 were coded as recommendations about developing a comprehensive system to meet the employment, training, and other needs of persons with and without disabilities with various degrees of barriers to employment.

Education and Advocacy

Participants cited various needs for educating each other (consumers, consumer advocates, service providers, and funding agencies), the public, policy makers, and legislatures about the programs and needs of the target populations. They saw the need to follow information and education efforts with a collective advocacy effort based upon a shared vision about what is needed to build the best system for each community. Education and advocacy need to be directed toward all the potential players in the system: services providers, consumers of services; funding agencies; employers; and the local, state, and federal governments. Examples of specific education and advocacy actions included:

- Educate funding agencies and service providers so that each knows the others capabilities, restraints, and regulations.
- Stress that such knowledge is a must since no single agency or provider has all the services to meet the individual needs of diverse populations.
- Use this knowledge to define service gaps in the collective system.
- Advocate as a united group to government about where community needs are rather than lobbying only for the special interest of one segment.
- Specific Advocacy Recommendations:
  - Stress the importance of the concept of consumer choice.
  - Remove stereotypes of people with disabilities among agencies, employers, and the community so that people with disabilities are viewed as being fully capable to work with the right supports.
  - Ensure that more options, not fewer options, would be available under the new initiatives programs.

Increase Funding Agency Cooperation and Collaboration

The new initiatives, it was argued, require the effective and efficient allocation of funds to properly serve the various consumers while avoiding duplication and reducing overhead and administrative costs. Respondents cited that too often collaborative processes were not rewarded, and they wanted to make sure that collaborative efforts are rewarded. Barriers to collaboration among funding agencies (territorial issues) and service providers (competition) that prevent the development of mutual trust must be eliminated. Those participants who had succeeded in such collaborative efforts indicated that collaboration becomes a meaningful process with its own rewards. They expected that a greater focus on collaboration and effectiveness would increase the effectiveness of the funding agencies and bring consumers better outcomes, and these consumers would become the best advocates for the agency and providers.

Increase Service Provider Networking and Partnering

Service providers cited the need to develop networks and partnership relationships to strengthen the ability to compete and survive as the expected trend toward managed care for rehabilitation programs proceeds. Networking and partnering among service providers would allow community rehabilitation programs to develop their own niche and/or expertise, share grants and contracts, have increased flexibility and capacity, and reduce competition. Some stressed the importance of resolving competition and turf issues so that the focus is upon providing quality

services to the consumers rather than upon the growth and survival of the program.

Emphasize Job Retention Rather Than Job Placement as the Outcome Criterion

Participants commented that benchmark outcome measures for the system should be built around the concept of job retention rather than just placement in any job. They cited the long-term problem is not that people can't find jobs but that they can't retain jobs. Outcome measures need to include the understanding that entry-level jobs play a role in education for job retention, that job failure is part of that education, and that returning for additional services is not necessarily a failure of the system, but is another step of the process leading to job retention and self-sufficiency. Such outcome criteria need to be uniform for equatable comparison of success across agencies.

Increase Incentives and Decrease Disincentives

Though the participants were not certain about the specific actions that should be taken, they wanted the system to have increased incentives for working and decreased disincentives. The system should be flexible in such a way that benefits could be gradually phased out rather than just stopped all at once (the "cliff effect"). The loss of health care benefits was cited as a major disincentive that must be dealt with in an equitable fashion, especially for people with disabilities who need access to health care, equipment, and medication. Others referred to the need for providing incentives to employers, but they also stated that employers should contribute something to the process.

Increase Flexibility and Local Control

In each focus group, positive comments were voiced about the changes that had been initiated by policy makers at the national level with regard to welfare reform and workforce development under the One Stop initiative. It was repeatedly stressed that local funding agencies need flexibility to provide appropriate services rather than assuming that what worked in one community is good for every community. Rules and regulations need flexibility so that consumers can select what they need and skip what is of no use to them.

Lower Case Loads and Provide More Time for Case Management

Participants indicated that case loads are too high for meaningful individualization in case management. Staff are not aware of available supports and funding mechanisms for making referrals, and when referrals are made there is no time to follow through to see if the consumer actually received services.

Provide for Common Data Systems to Reduce Paperwork

Several remarks were made about being able to have a common application form so that individuals would need to enter identifying information only once. This common information would be shared by all agencies who would then ask consumers for other information as needed. Other comments were directed toward using technology to reduce the paperwork and enhance the flow through the system. There needs to be a universal database developed to allow evaluation of

program effectiveness based on the follow-up of those who are successful and those who drop out.

Staff Training

Staff from TANF agencies cited the need for technical assistance in order to function in this new arena of employment development as more staff are diverted from financial benefit determination to processes that get people off welfare. One Stops need to have increased ability to competently deal with people with disabilities especially at the front door with clerical and receptionist staff. They need to know how to refer to other resources and have the flexibility to provide services.

Separate Vocational Rehabilitation Funding

Participants from the vocational rehabilitation community recommended that vocational rehabilitation funds should be kept separate from One Stop systems since they are the only dedicated source for people with disabilities. Without the separation of funding, they feared that the system would become more homogenized so that special supports that people with disabilities need would disappear.

More Involvement of State Vocational Rehabilitation Agencies

Participants from other agencies, however, wanted the state vocational rehabilitation agencies to become more involved by providing assessments and moving more people onto vocational rehabilitation rolls. Participants from vocational rehabilitation acknowledge the need for more involvement on their part since in some cases it appeared that agencies were trying to reinvent vocational rehabilitation's expertise for working with difficult barriers to employment.

Need for Supports

Participants repeatedly cited the need for qualified day care and transportation on a 24-hour-a-day, seven-days-per-week basis for people to work shifts and weekends. They also wanted to get the message to policy makers that supports for day care, transportation, and medical coverage appear to be universal needs. They also viewed rehabilitation processes and techniques (assessments, case management, and ongoing job supports and follow along) are equally applicable and needed by most of these "new" populations. Others cited the need to address more than just job placement and examine non-work issues that often affect job retention.

Working With Employers

In addition to educating employers about people with disabilities, it was highly recommended that employers know about the resources to assist people with disabilities at the work place such as job coaching, follow-up, and follow-along services. Employers need to know that service providers also have the responsibility for addressing employers needs, and that the employers are not going to be "stuck" with a difficult employee. Participants cited addressing such diverse needs as keeping employers informed about ADA and low cost accommodations, dispelling myths about increased insurance costs and other costs, filling out any paperwork associated with incentives or requirements, evaluating supervisory techniques, advising about the use of

technology, and managing crises. Though it was acknowledged that the employers' bottom line is a legitimate concern for profit, there was concern that employers need to be more active partners with service providers and contribute something to the process. Employer-provided health benefits was viewed as the single most important contribution and one that would be a tremendous incentive for all people to work. The cost to employers was of concern, but few details were given about how to address the cost issue.

Discussion and Conclusions

Discussion

A System in a State of Fluctuation

In general, both reform issues evoked strong reactions. The study occurred during the period (June to October, 1997) that many focus group participants were experiencing significant changes or proposals to change most of the system that surrounded them, nearly a year before the president signed the Workforce Investment Act on August 7, 1998, making it Public Law 105-220. Some participants expressed dismay at the initial reorganization directions were confused about what would happen and when. Others appeared to have gone through these changes and indicated that they too had similar reactions earlier, but the dire consequences predicted had not happened. Throughout the discussions in all focus groups, participants demonstrated genuine concerns about how these system changes would affect the various target populations, disabled or not, under the different funding streams. But their views on how these changes would eventually affect their consumers varied from a need to make minor adjustments to resistance to the reforms themselves.

Impact on Consumers With Disabilities

The two trends of workforce development and welfare reform affect people with disabilities in different ways. Welfare reform could threaten economic benefits like cash payments, food stamps, medicare, and other monetary payments. A fear was that those people with disabilities on the welfare system would have their eligibility taken away and that payments directly from this source would be lost. This loss of eligibility could affect other sources. The actual impact on consumers with disabilities would appear to depend on the nature of the disability.

Workforce development could affect how accessible employment programs are for people with disabilities, how effective are the programs, and how competent are the staff. There was concern that regardless of the disability, One Stop systems were not structured to deal with people with disabilities and that vocational rehabilitation resources are more competent, though not without their own problems. For vocational rehabilitation, the question was whether more active participation would lead to rehabilitation technology being infused in the system or whether greater participation would lead to a diluting of rehabilitation technology.

For both workforce development and welfare reform, the nature of the consumer's disability is a complicating factor in terms of the potential negative impact. It seemed clear that people with visibly severe disabilities would be affected least by the new reforms. Those consumers have recognizable disabilities that would result in a continuation of benefits under TANF and most likely would be referred on to appropriate dedicated funding agencies. With consumers having mild-to-moderate disabilities, the likelihood of proper benefit determination appeared to depend upon how recognizable was the disability. The error in dealing with these disabilities could be not recognizing the disability or overestimating the limitations.

Another area of potential impact to both reforms was upon employment opportunities in the community. It was feared that the reforms would increase the number of job seekers while community employment slots would stay the same. The question was whether employers would hire able-bodied referrals over persons with disabilities. This concern was not based just on disabled versus nondisabled, but also that hiring welfare consumers could be a social good equal to hiring persons with a disability. On the other hand, those rehabilitation personnel who worked with welfare consumers did not believe that persons with disability would fare worse since the work ethic of people with disabilities tended to be higher than those who had been on welfare. The condition of the economy was a major factor, with areas of low unemployment having few problems and areas of higher unemployment reporting more concerns.

Fiscally, the main concern was that existing funds for people with disabilities via the Rehabilitation Act could be siphoned off by workforce development efforts to cover administrative costs or used for people without disabilities.

Throughout this discussion, consumer advocates expressed concern that new stakeholders (One Stops and TANF) would be coming in as players for resources that effect people with disabilities. There was concern about the respect and expectation that these new players would have for people with disabilities. While they appeared to agree that these reforms could be useful as a national policy, there were not any immediate benefits that would seem to accrue. There was a sense of fighting to maintain what was there before the reforms rather than deriving any additional benefits.

Impact on Community Rehabilitation Programs

Community rehabilitation programs provide rehabilitation services. These new reforms do not appear at this time to effect funding sources for people with disabilities that would affect the continuation of current rehabilitation and/or employment programs. A number of community rehabilitation programs had worked previously with predecessor programs of welfare reform or with the Job Training Partnership Act to serve people without disabilities. Those who had such previous experience appeared to be in a better position to access these new funding sources. In general, the reforms have provided more opportunities than threats to community rehabilitation programs.

The backgrounds of participants from community rehabilitation programs varied considerably. Some had extensive programs underway with both TANF and with One Stop systems to serve large numbers of their consumers without disability. Other participants had decided not to serve nondisabled populations but continue to serve their own dedicated consumers with a disability. Most often they spoke of the concern that moving in that direction would effect their primary mission with their disability population and secondly, they were concerned with their ability to serve these new populations.

Other participants had not yet decided whether to enter these new markets, and some had attempted to enter and had not succeeded. The community rehabilitation program industry consists of those who are actively providing or seeking to provide services to the nondisabled population, those who are not serving these new sources, and those who are undecided; however, this study could not provide data about the proportionate amount or the extent of their operations.

Issues for Community Rehabilitation Programs Active in the Reforms

Impact on their consumers with disabilities. One of the primary questions is how will the reform affect consumers with disabilities. Active players did not view the reforms as having a negative impact on their consumers. Some had spun off entities entirely separate from the programs with persons with disabilities. Others viewed the influx of nondisabled consumers as having a positive effect on reducing segregation of the setting. Some considered the movement into these new areas would elevate the status of the community rehabilitation program within the community. It would not be where only people with severe disabilities would seek assistance but where any job seeker would seek assistance. The negative impact could occur if the program placed less emphasis on serving persons with disabilities than on those without disabilities. While a community rehabilitation program may not intentionally make such a decision, it was feared that performance-based regulations of contracts for nondisabled would increase the pressure to place the lesser disabled individual. In the absence of data, it is not possible to discount any of the possibilities.

Performance-based outcome contracts. Job Training Partnership Act contracts, TANF funding, and more and more rehabilitation funding sources were utilizing performance-based contracts in which no payment was received until satisfactory attainment of acceptable outcomes was reached for the individual being served. At the community rehabilitation program level, there was concern that this would increase the pressure on staff to accept and place those with less severe impairments to employment and that decision was not based solely on the absence or presence of a disability. Many reported that people with disabilities are easier to work with than the chronically unemployed. Regardless of disability, it could mean that those with more significant barriers to employment are not as likely to be served as those with fewer impairments. Staff reported that creaming was likely to occur as a result of performance-based contracts. Funding agencies countered with the increased efficiency associated with paying for results rather than services.

Competition now and in the future: Managed care. In several states, large corporations had moved in and acquired contracts for services to nondisabled populations under the reforms. The fear was that this new competition was just the beginning for applying managed care systems to vocational and social programs. The concern in managed care was not so much the application of the principles but the entrance of large corporations into the competition. The expectation was that these large corporations could make statewide bids to provide services at lower rates than small local community programs and win these contracts. While large corporations have entered the competition for funding under the new reforms, there was no report in this study that they moved in any significant way into rehabilitation funding streams. Some believed that they would do so, while others believed that they would shy away when they realized what it takes to serve persons with severe disabilities.

Conclusions

Extreme Position on Visions of the System

The confusion and concerns varied widely depending on how the changes were perceived

to be handled. At one extreme, was the concern that society is reverting to an earlier time where no safety net and resources existed for people in need. For consumer advocates for people with disabilities, the intensity was also increased by the revival of issues (such as consumer choice and the dignity, rights, and ability of people with disabilities) that they had thought had been previously resolved by hard-fought battles in the vocational rehabilitation system in the past 25 years. At other extreme, there was a vision that it was possible to develop a fully integrated One Stop social and employment system. There did not appear to be problems inherent in the principles behind the reforms, but potentially severe problems could result from the way in which the reforms are implemented. The impact on people with disabilities during implementation varied to the degree to which stakeholders were willing to work together to achieve the necessary knowledge, commitment, and competency within the local community to serve various consumers of the agencies.

Applicability of Vocational Rehabilitation Services to Nondisabled Populations

The main concern of people with disabilities is with the integrity of the system that serves them. With Vocational Rehabilitation funding relatively assured for five years, there is time for the strong advocacy voice to address the issues of concern. Vocational Rehabilitation agency participation in this advocacy effort is obvious, but there is also strong federal pressure to develop a single One Stop system. While it seems clear that people with disabilities have a priority in Vocational Rehabilitation, it is less clear how welfare and One Stops will deal with the needed reforms in their operations. More and more agencies serving the nondisabled see Vocational Rehabilitation as the solution, yet, Vocational Rehabilitation funds are constant and their priority is severe disabilities. Persons with mild-to-moderate disabilities may not be served, and there is not data on how many will be identified and whether Vocational Rehabilitation can or will serve them. As long as Vocational Rehabilitation funds are constant, the Order of Selection is likely to leave more and more persons with mild and moderate disabilities without resources. There is a need to determine whether this service gap does exist, and if it does, there needs to be increased funds to provide vocational rehabilitation services whether it be in the One Stops, through Vocational Rehabilitation Agencies, or through community rehabilitation programs.

Impact of the Community Rehabilitation Programs' Response on People With Disabilities

One of the overriding questions that the Center had in conducting the study was what impact would these reforms have on the capacity of community rehabilitation programs to serve consumers with disabilities. The proportion of funds that vocational rehabilitation sources contribute to overall estimates of the community rehabilitation program operating budget has decreased significantly over the years. These new reforms could lead to even greater declines and move toward serving more nondisabled. The focus group discussion did not alleviate these concerns, and the actual data are still lacking. The reforms could have positive, negative, little, or no impact, depending on different factors such as the demographic characteristics of consumers with disabilities, the response by the community rehabilitation program, structure of the One Stop system, and local community conditions.

It does not appear that community rehabilitation programs that have not changed will be

materially affected by these two reforms in the near future. Conditions are likely to continue as before, and other factors such as performance-based contracting, social security reforms, and the emergence of managed care in social and employment programs might have more impact. For community rehabilitation program participants who are actively serving nondisabled, the impact may be of all three types.

It is possible that there will be no impact or change as a result of participating. Or it might be as some had feared, that priority for services and placement will favor consumers without disabilities. On the other hand, some participants presented a positive picture of how community rehabilitation program participation could lead to enhanced outcomes for their consumers with disabilities. They believed that the agencies who serve nondisabled populations would be more exposed to the rehabilitation system. The exposure would lead to more understanding of rehabilitation techniques and how applicable they are to their own populations that have employment barriers, some of which are more disabling than impairments that persons with disabilities have. They expected vocational rehabilitation services to be sought out and used within the new system. Communities would no longer look at community rehabilitation programs as segregated environments for only individuals with severe disabilities but as mainstreamed employment resources for all citizens within the community.

Necessity for Collaboration, Local Control, and Flexibility

Perhaps the most important aspect of the focus groups was the conclusion that staff in the system are responsible for building effective collaboration networks among agencies and service providers to be able to effectively serve a variety of populations with different needs. While such networks are easy to envision on paper, they are extremely difficult to make work on a functional basis. There needs to be a recognition that such networks are effective, but that the process of developing effective networks will consistently go through stages of mistrust, competitiveness, and protectionism. These barriers should not be viewed as negative personal characteristics of the staff, but simply as naturally occurring reactions to entering into networks that require all members to participate and contribute to the overall success. Identifying successful networks in various community settings needs to occur and training packages developed on how to overcome these obstacles.

From a policy point of view, there seemed to be acceptance by participants that the policies were moving in the right direction. But the problem perceived by many was the tendency for policy makers to micro-manage the direction rather than letting the local communities have the flexibility to work out the details appropriate to their demographics. The other fear was that policy makers would abandon the directions set and want to change things all over again before communities could build new structures under the present directions. The range of concerns indicate that it is time to let the players work out the details and that government should listen to the needs of the consumers, agencies, and service providers.

The system that was recommended was that of a true One Stop Career Center where everyone, those who are college graduates and high school drop outs, those with work experience and those without, and those with and without disabilities could all be served appropriately. As they discussed the "System," many of the groups came to the inevitable conclusion that it was their responsibility to build that system within their communities.

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Appendix B

Scripts and Questions for Focus Group Sessions

Good morning and welcome to our session today. Thank you for taking the time to join our discussion on changes in rehabilitation programming. My name is Mary Flynn from UW-Stout and assisting me is Chuck Coker who is a researcher with the Center on Community Rehabilitation Programs, also at UW-Stout. We want to find out how professionals in the field view the consolidation of programs under proposed plan for Workforce Development Centers and welfare reform and their impact on community rehabilitation programs, funding agencies, and their consumers with disabilities.

{Service Providers/Agencies}

You were selected because you have certain things in common that are of particular interest to us. You are all involved with ***{State}*** programs which serve persons with disabilities and your were recommenced by our host:

{Host Name and Location}

{Consumer Groups}

You were selected because you have certain things in common that are of particular interest to us. You are all involved in the consumer movement in ***{State}*** and have been recommended by our host:

{Host Name and Location}

We are particularly interested in your views because of your experience in meeting the needs of various consumers and we want to hear about what you are dealing with.

Today we'll be discussing your experiences and opinions about the efforts to implement Workforce Development Centers and how welfare reform is or is not included in those efforts. Most of the time we research well established trends, but things appear to be moving rapidly at the federal and state levels. We felt a need to take a look at these activities while they are unfolding and decided that the best way to find out was to get out of our offices and talk to people like you.

We have held a number of these sessions in eight states this summer and have one more to go before we begin writing a report to summarize the trends, points of agreement, and points of disagreements. A draft of this report will be available for your comments sometime later in the fall. We have a national advisory council for this particular project who will also provide input on the report. After your input and the committee's review, we will publish the draft and discuss it with the various consumer organizations, staff of the National Institute on Disability and Rehabilitation Research (NIDRR), Rehabilitation Services Administration, American Rehabilitation Association, Council of State Administrators of Vocational Programs, National Rehabilitation Facilities Coalition and others, probably around the beginning of next year.

As far as the discussion today, the focus will on your experiences and ideas about how to plan and

organize programs. We want you to know that there are no right or wrong answers, but there may be differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're interested in all your comments, positive and negative.

We will be on a first-name basis during the discussion, but you may be assured of confidentiality of anything that is said even though we are taping the session. The tapes will be transcribed and analyzed to examine details about the trends that emerge. In our reports, no names will be included with any of the comments.

If anyone has a pager or cellular phone, we ask that these be turned off. If you cannot, please feel free to leave the room and rejoin the discussion as soon as possible.

My role as a facilitator is to ask questions and then to listen. I won't be participating in the conversation, but I want you to feel free to talk with one another. We've placed name cards on the table in front of you to help us remember each other's names.

Let's begin by finding out more about each other by going around the table. Tell us your name, a little about your organization, and your position within the organization.

Consumers' Questions

Given the general climate of workforce development and the changes due to welfare reform:

1. How have persons with disabilities been affected by these changes?

2. Have certain persons with disabilities been affected differently by these changes than other persons with disabilities? Who and how?

3. Are there changes you are anticipating to occur in the next several months that will have impact on persons with disabilities. What are they and how will you respond ?

4. Are these anticipated changes unique to certain persons with disabilities?

5. Having talked about the major concerns, what would you like to see happen regarding the implementation of these programs?

6. Are there other things that are affecting consumers that have not been addressed?

Agencies/Service Providers' Questions:

1. Given what has happened as a result of workforce development and welfare reform, have you made changes in your programs for persons with disabilities by, for example:
   a. Changing eligibility rules for services,
   b. Serving new or different types of persons served,
   c. Adding or removing programs,
   d. Revising staff duties,
   e. Adopting new phraseology, or
   f. Seeking new sources or changing the funding levels for your programs?

2. Have certain programs been affected differently by these changes from other programs? Which ones and how?

3. What changes are you anticipating to occur at the federal, state, or local levels in the next several months that you believe will require you to make changes in your organizations?

4. Will these anticipated changes apply to all of your programs or only to certain ones?

5. Having talked about the major concerns, what would you like to see happen regarding the implementation of these programs?

6. Are there other issues that are affecting your programs that we have missed or is there anything you want to add?

Appendix C

Coding System for Comments

Level 1: Target Group or Program	Level 2: Area	Level 3: Key Words	
Consumers	Advocacy (educating, PR)	Accessibility	Grants (contracts)
Community	Funding	ADA (rights)	Identify
CRP	Intake	AODA	Job Coaching
Economy	Organization	Assessment	Job Duties
Employers	Outcomes	Attitude	Managed Care
Job Services	Process	Benefits	Mentally Ill
JTPA	Supports (services)	Case Management	Needs
Policy (makers)	Staff	Case Loads	Organization
Schools	Statistics	Character (istics) (welfare population)	Other
System		Children	Participation
VR		Choice (vouchers)	PC (performance contracting)
Welfare		Collaboration	Philosophy
Workforce		Community (local control)	Placement
		Competency	Policy
		Competition	Prevention
		Conflict	Privitization
		Confidentiality	Progress
		Confusion	Providers
		Creaming	Public
		CRP	PWD
		Cultural	Referrals
		Day Care	Regulations (planning)
		Deaf	Resources (expense/costs)
		Disincentives	Service Gaps
		Education	SSA (Social Security)
		Effectiveness/Quality	Staff
		Efficiency/Costs	Supports
		Eligibility	Technology
		Employers	Training
		Employment	Transport (ation)
		Example	WR (Work Rules)
		Exempt (waivers)	
		Flexibility	
		Follow-up	

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64